



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WITHAM HOSPITAL

City of Hospital: Lebanon

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Linda Devine

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Medicare Provider Number: 15-0104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$91917379
Outpatient Patient Service Revenue	\$368434363
Total Gross Patient Service Revenue	\$460351742

2. Deductions From Revenue

Contractual Allowance	\$288485117
Other Deductions	\$14056026
Total Deductions	\$302541143

3. Total Operating Revenue

Net Patient Service Revenue	\$157810599
Other Operating Revenue	\$3768141
Total Operating Revenue	\$161578740

4. Operating Expenses

Salaries and Wages	\$69391567	Employee Benefits	\$21297563
Depreciation and Amortization	\$8643488	Interest Expense	\$734634
Bad Debt	\$12273980	Other Expenses	\$64057862
Total Operating Expenses	\$176399094		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$644271	Total Assets	\$241601743
Net Non-operating Gains over Loss	\$5875836	Total Liabilities	\$241601743

Total Net Gains	\$6520107
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$223397330.07	\$157455236.95	\$65942093.12
Medicaid	\$68493437.06	\$50659213.19	\$17834223.87
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$168460974.7C	\$79535530.81	\$88925443.89
Total	\$460351741.83	\$287649980.95	\$172701760.88

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$474743.66	\$-474743.66
Hospital Patients	\$91554	\$156897.03	\$-65343.03
Community Education	\$0	\$292720.62	\$-292720.62

Number of Medical Professionals Trained	6951
Number of Hospital Patients Educated	339
Number of Citizens Exposed to Health Education Messages	134580

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$72586.17	\$28105624.06	
HCI Payments	\$0		
Subtotal	\$72586.17	\$28105624.06	\$-28033037.89
Medicaid Shortfalls	\$19373692.64	\$33943554.70	
Subtotal	\$19446278.81	\$62049178.76	\$-42602899.95
DSH Payments	\$1,724,304		
Subtotal	\$21170582.81	\$62049178.76	\$-40878595.95
Medicare Shortfalls	\$1950430.63	\$24221097.94	
Other Government Programs	\$0	\$0	
Total	\$23121013.44	\$86270276.7	\$-63149263.26

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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